

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-019864

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

173

FILED JUN 10 1963

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clinton

Length of stay in 1b

8 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

309 West Wilson St

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Henry

c. CITY

OR

TOWN

Clinton

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

309 W Wilson

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

John

Francis

Savage

4. DATE

OF

DEATH

Month

Day

Year

June

4

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐

Never Married ☐

Widowed ☒

Divorced ☐

8. DATE OF BIRTH

4-11-1891

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Fish Hatchery

11. BIRTHPLACE (City and state or country)

Metz Missouri

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Francis E Savage

13b. MOTHER'S MAIDEN NAME

Susan Stout

14. NAME OF HUSBAND OR WIFE

Pansy Savage

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

17. INFORMANT

Address

Ollie Spidle 309 W Wilson Clinton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown Natural Cause

INTERVAL BETWEEN

ONSET AND DEATH

immed.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Probable Myocardial Infarction

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

unattended

to

and last saw her

him alive on

Death occurred at

4:30p

on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

Richard H. King MD

(Degree or title)

Henry County

22b. ADDRESS

106 S. 3rd Clinton Mo

22c. DATE SIGNED

6-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-9-63

23c. NAME OF CEMETERY OR CREMATORY

Little Osage

23d. LOCATION (City, town, or county)

Horton

(State)

Mo

24. FUNERAL DIRECTOR

Sickman & Dunning Clinton Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

June 6-1963

26. REGISTRAR'S SIGNATURE

Mildred Biggers

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

DATE AMENDED

1 0425

2 0425

3

4 0

5 2

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9 4201

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12 90-0

13 1-0

138910-207

JUN 26 1963

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0 0

Permit Obtained

6-6-63

(1123)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
of by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert T. Dunning

Licensed Embalmer No. 4910

P. O. Address Clinton mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.